

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083232 (6)**

1. Corporation Name

TURN-KEY TECHNOLOGIES, INC.



Principal Place of Business

**1900 GLADES ROAD, STE. 355
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES ROAD, STE. 355
BOCA RATON FL 33431**

2. Principal Place of Business

2a. Mailing Address

21 **426 HENKEL CIRCLE**

26 **PO BOX 3314**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **WINTER PARK, FL**

28 **WINTER PARK, FL**

Zip Country

Zip Country

24 **32789**

25

29 **32790**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0535339

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**SCIARRETTA, STEVEN A
1900 GLADES ROAD, STE. 355
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or printed name of new/changed agent and the corporation

Signature of Registered Agent or printed name of new/changed agent

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
KIRSCHT, CRISTINA BACAR
5503 N. MILITARY TRAIL, #205
BOCA RATON FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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NAME
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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**426 HENKEL CIRCLE
WINTER PARK, FL 32789**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cristina Bacardel Kirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

407 539 0706
Daytime Phone #

CR2E034 (12/95)